

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-021580

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5973

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS, MO</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>ST. LOUIS, MO</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSP. #1</b>		d. STREET ADDRESS <b>2814 1/2 Chouteau</b>	
3. NAME OF DECEASED (Type or print) <b>IDA</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>4</b> , Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 21 1892</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <b>nil</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	
11a. FATHER'S NAME <b>Louis French</b>		11b. MOTHER'S MAIDEN NAME <b>Blanche Koach</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>	
17. INFORMANT <b>Corine Kemble</b>		Address <b>2814 1/2 Chouteau</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CEREBRAL ARTERY THROMBOSIS</b> DUE TO (b) <b>CEREBRAL ARTERIO SCLEROSIS</b> DUE TO (c) <b>332x</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>---</b> Month, Day, Year <b>---</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY. (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>ST. LOUIS</b>	
21. I attended the deceased from <b>6/3/63</b> <b>3A.M.</b> to <b>6/4/63</b> and last saw her alive on <b>6/4/63</b>		22a. SIGNATURE <b>Donald K. Boach, M.D.</b>	
22b. ADDRESS <b>1515 LAFAYETTE AVE</b>		22c. DATE SIGNED <b>6/4/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>6-8-63</b>	23b. DATE <b>6-8-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Louis Co. Mo.</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>
24. FUNERAL DIRECTOR <b>St. Louis 2769 Chouteau</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 6 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Boach Smith, M.D.</b>			

BACK  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 5072

P. O. Address 4235 W. 1st St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.